

Western MRS Meeting  
AB Tech  
February 28, 2006

Counties Present: Ashe, Catawba, Cherokee, Cleveland, Haywood, Lincoln, Macon, Swain, Yancey.

Introduction

What s Coming

March MRS Meetings

MRS Policy Training

Data Collection Training

Report Out How is Implementation Going?

In Home Services/CFTs

What codes are facilitators using?

How long are cases staying high risk?

March Meetings

Western 3/23 St. John s Episcopal Church in Asheville

Policy training

3/8 Forsyth Co Public Health

3/9 Burke Co Public Education Same bldg as DSS

3/14 Cumberland DSS

5/3 Rowan Co Library

5/9 Black Mtn Library

5/10 Edgecombe Co DSS

Data Collection Training

Talked about MRS2

No case tracking form required, just a tool. State only cares about data in the database.

Will be putting MRS data into Data Warehouse.

Reporting out How is it going?

Ashe

- More open to the fact that you can switch tracks. Did not realize that you could do that before and now they have done it once and it worked well.
- Have started trying to do the CFTs earlier. Doing more meetings in the home which is good for families.
- Facilitator using 219 and 119 to code her time.
- Have had an upswing in sexual abuse reports hope it it temporary.
- Including WF in staffings.

#### Catawba

- Rolling along well.
- Do not use facilitator for all cases, just high and some moderate that seem to need it.
- Fully entrenched 2 years now.

#### Lincoln

- Doing all strategies now.
- 90 % family assessments. One worker to do forensic assessments.

#### Haywood

- Doing well.
- Since the last time they met, they have started putting more emphasis on CFT. Have begun requiring them before they bring case to the petition review committee. Have only been doing it a month or so now so not sure if it will prevent petitions. Some workers feel that they don't have time because it is an emergency situation, but trying to change that mindset.
- Trying to instill that WF should be a contact in all assessments. They are also invited to staffings.
- Shared Parenting is a big emphasis. From day 1 in MAPP. Trying to relieve fears of foster parents.
- Think their county needs some training in Shared Parenting, particularly for older foster parents that this is new for. Also some of their staff that have not had a chance to go to the Division training

*Note: Division Shared Parenting trainings have been "mushed" together.*

#### Cherokee

- Going strong.
- Because of the high level of drugs and DV in their county, they have more forensic assessments. They have chosen to take SA and DV with past history as forensic.
- Mainly do CFT on high risk.

#### Macon

- Doing for a long time, going well.
- Keep cases.
- Small unit, so close with Work First.
- CFT similar to other counties. Working well, but not necessarily a facilitator at every meeting (can't staff that). Sometimes the DSS would like people involved that the family doesn't necessarily want.

#### Yancey

- Down workers and having issues there right now.
- Good coordination with Work First, but they are in 3 separate buildings so sometimes hard to get together.

- Have gotten a stronger relationship with the schools recently.
- CFTs helpful, particularly in stuck cases.
- Getting ready to attend Shared Parenting training.

#### Swain

- Up and running.
- Having trouble with data collection.
- Have a lot of DV and SA, as well as abuse cases right now so still doing a lot of forensic.
- Finding now that families have a lot of resistance to CFT they don't want other people in their business, they get embarrassed.
- Still working with the schools. Trying to use a family assessment approach with the schools.

#### Cleveland

- Been doing for some time. Are starting to see some of the real benefits. More productive way of working with families.
- All workers have gone to Shared Parenting training and have trained that curriculum. Have had trouble with some of the foster parents understanding that there are different levels of shared parenting and sometimes what appropriate boundaries are.
- Last month 63 CFT going well. School social workers and school counselors are coming, which was not the case in the beginning. Also the families are starting to participate more in wanting to bring their own resources. DSS social workers talking to the school personnel and letting them know that DSS will not talk about the school issues for them, that they need to do it themselves.

*Note: Regarding CFTs. Holly has heard from new and old counties, that you can't just talk about something once. Talk early and often. It will take the families some time to get comfortable with the idea of people coming and getting involved with their lives. They will have to work through their embarrassment or thinking that no one would care. May also need your help to approach these people.*

#### In Home Services

##### Facilitator

- Anyone using other codes than 119 and 219? No
- Anyone using Work First staff to facilitate? No

How long are your high risk cases staying high ball park?

- Cleveland no idea
- Yancey most drop quickly once DSS involved

- Swain after you get involved, it tends to drop quickly, or becomes one that is so intense that you are involved for some time and it doesn't go right down
- Macon not long. Think the assessment tool artificially inflates cases to a level that they do not need to be at and they are ready to close a case which is technically moderate, but only because of some of the questions on the assessment.

*Note: Holly will be doing MRS training for Division staff. This will help with, for example, bi-annual reviews, so that other Division staff that interact with counties are familiar with MRS issues.*

- Haywood Also have problems with the risk-reassessment tool. You can make almost anyone moderate risk if you complete the tool at the right time.
- Lincoln a lot of high risk cases recently. Particularly drug related. Some of those cases are those where you spin your wheels and they are hard to bring down.
- Cherokee not half and half. Have your very high risk that do not get better quickly, they tend to stay 2 to 3 months. The lower high reduce faster.
- Catawba not as many high risk cases. Use CFTs frequently to move case along. Every week have a blitz staffing to move stuck cases. Involve foster care people in that as well. Make decision to file petition if case is not moving. They won't allow high risk cases to stagnate.

*Note: Holly said that your high risk cases, for the most part should not stay high. They should reduce, or move along to filing a petition. (Otherwise you will become buried under the requirements for weekly contacts for high risk cases.) Some counties have said that their judges have a problem with this when they file the petition.*

- Ashe most of them move quickly.

### Additional Comments/Questions

#### Lack of Services

Swain commented that as a rural county they don't have a lot of services, such as mental health and substance abuse. They are worried that they will be held responsible for clients when they have no power to get the services to them. If a client needs SA services, and the closest services are 3 counties away in the evening and the client has no vehicle, getting to these classes are a problem.

Other counties agreed. Almost all counties are in the same boat, at least with mental health, or some other service.

#### Scheduling CFTs

Catawba having a challenge to schedule them and holding them during the required timeframes.

Holly said to remember, it doesn't have to be a big huge thing. Especially the first one, it may just be the family folks.

### Question that came up in the Eastern Meeting

If you have a case where the family already has some kind of community service going, and the only service you think they need is the one that they are already getting would you make the finding no Services Needed or Services Recommended?

Split between Services Recommended and close with the recommendation that they continue with the service they were already getting, or Services not Needed.

### Not meeting for the sake of meeting

Don't want to meet for the sake of meetings. Wondering if they could incorporate permanency planning into a CFT. Has anyone else done that? Haywood the same community person does not have to be at all permanency planning meetings. So, if there is a community person at the CFT, they can use that person.

Discussion of the requirements of who is the community representative. Not clear if the community person can also have another role. (i.e. can the therapist also be the community person?) Some counties do not want to bring another person into the business of the family. Why start all over with a new person to have a 15 minute rubber stamp meeting. Holly will do some research on this. Parents don't really come to P-PAP meetings anyway, because they have so many other meetings to go to.

One county tried and the seasoned social workers were uncomfortable with combining meetings. Felt like the two meetings were at cross purposes.

What if the kids are in group homes that are hours away? Some of them have the meetings at the group home, some may have the meeting in the home county and get the child on the phone.

Can also use speaker phone for not only, children that can't be there, but other people as well.

### Report on a case that is already in case management. What is your finding?

Services needed, because they don't just consider the issues that came in on the 2<sup>nd</sup> report, but also factor in the issues that came on the original report and those are not resolved since the family is still in case management for that.

Other counties are still more issue focused than that. If the issues causing the 2<sup>nd</sup> report can be resolved, they will consider those separate from the issues that they are in 215 for. They may find the 2<sup>nd</sup> report Services Recommended.

But, multiple reports will up their risk rating. Also, if you find In Need of Service the 2<sup>nd</sup> time, doesn't that up the repeat maltreatment?

Some counties say that you should find Services Not Needed and continue to work with them on the original issues. If the 2<sup>nd</sup> report is not valid in and of itself, you need to tell the family You are doing a good job working on the issues from the previous investigation. Thank you for working with us to

determine that these latest allegations are not a safety issue for your child and we look forward to working with you on the original case plan.

In those cases that are WF and CPS (not forensic) if WF people were to go to preservice, how much could they do? Trying to reduce the case loads of CPS workers.

WF would have to be able to meet the requirements for a SWIII. Also, have to go to all the required training. Then have to look at how that would affect Work First caseloads. However, you could have them help with particular aspects of the case (transportation, make some calls, etc.)

If WF has not had the training, would the face-to-face contracts count? Holly would think so, but not for every one, and make sure there is constant communication. Holly will follow up on that.

However, please remember that collaboration works both ways. Its great to see all the things WF can do for us, but remember that we need to do stuff for WF as well!!!

#### Training Updates

Are trying to combine Cornerstone 3A and 3B so that everyone can just go to one.